IN THE CLAIMS:

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- 1. (Currently Amended) A surgical-flat implant for preventing tissue-to-tissue adhesion in operated areas, in particular for post-operative repair in pericardial, peritoneal or gynaecological surgery, comprising;
 - astat least one film layer (1) of a thin, bioresorbable, smooth film, characterized and
 - by a stabilizing layer in form of a reinforcing mesh (2) of plastic material which is joined to the film layer (1) and which is provided with a metal-containing, biocompatible, continuous coating (4).
- 2. (Currently Amended) A surgical flat implant according to claim 1, characterized in that wherein the coating (4) is a titanium-containing coating of a thickness of less than 2 μmμm, preferably of 5 to 700 nm.
- 3. (Currently Amended) A surgical flat implant according to claim 2, characterized in that wherein the coating (4) comprises a compound of thea formula

$$Ti_aO_bC_c$$
,

with a = 0.025 to 0.9,

b = 0.025 to 0.7 and

c = 0.2 to 0.9

applying.

- 4. (Currently Amended) A surgical flat implant according to one of the preceding claims claim 1, characterized in that wherein the reinforcing mesh (2) consists of polypropylene, polyurethane, polyester of or PTFE.
- 5. (Currently Amended) A surgical flat implant according to one of the preceding claims claim 1, characterized in that wherein the bioresorbable film layer (1) consists of a material selected from a polylactate.
- 6. (Currently Amended) A surgical flat implant according to one of the preceding claims claim 1, characterized in that wherein the reinforcing mesh (2) is joined to the film layer (1) by glued spots (6).
- 7. (Currently Amended) A surgical flat implant according to one of claims claim 1 to 5, characterized in that wherein the reinforcing mesh (2) is joined to the film layer (1) by spots by means of knotted filaments (7) which are also provided with the said continuous, biocompatible, metal-containing coating.
- 8. (Currently Amended) A surgical flat implant according to one of the preceding claimsclaim 1, characterized in that wherein a hemostyptic layer (5) for hematostatic-agent release is provided preferably on thean outside of the flat implant (1).